

**Proposed Montana Medicaid - Fee Schedule**  
**Non-Emergency Specialized Transportation**  
**July 1, 2015**

**Definitions:**

**Modifier** – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination

For example:

26 = professional component

TC = technical component

**Description** – Procedure code description. You must refer to the appropriate official CPT-4 or HCPCS coding manual for complete definitions in order to assure correct coding.

**Effective** – This is the first date of service for which the listed fee is applicable.

**Method** – Source of fee determination

**Fee Sched:** Medicaid fee for listed code

**Medicare:** Medicare-prevailing fee for listed code.

**PA** – Prior Authorization

**Y:** Prior authorization is required

**Space:** Prior authorization is not required

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Proc	Modifier	Description	Effective	Method	Fee	PA
A0100		NONEMERGENCY TRANSPORT PER MILE	07/01/2013	FEE SCHED	\$1.06	Y
A0130		NONEMERGENCY TRANSPORT BASE	07/01/2015	FEE SCHED	\$12.86	Y

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**Notes**  
>16 Miles  
< 16 Miles